

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/24/2011
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155711 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 05/13/2011 | |
| NAME OF PROVIDER OR SUPPLIER HIGHLAND MANOR HEALTHCARE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2926 NORTH CAPITOL AVENUE INDIANAPOLIS, IN 46208 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {F 000} | <p>INITIAL COMMENTS</p> <p>This visit was the 23 day revisit to verify removal of Immediate Jeopardy identified during the Investigation of Complaint IN00088734 in the survey exited 4/21/11.</p> <p>The Immediate Jeopardy cited at F225, F226, and F490, has been removed.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00090351.</p> <p>Survey dates: May 12 and 13, 2011</p> <p>Facility Number: 000567 Provider Number: 155711 AIM Number: 100289560</p> <p>Survey team: Janet Stanton, R.N.--Team Coordinator Michelle Hosteter, R.N.</p> <p>Census bed type: SNF/NF--23 NF--16 Total--39</p> <p>Census payor type: Medicaid--39 Total--39</p> <p>Sample: 4</p> <p>During this visit, Highland Manor Healthcare was determined to have removed the Immediate Jeopard as of April 28, 2011 with the revision of policies and procedures for the prohibition, identification, investigation, and reporting of</p> | | | {F 000} | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| {F 000} | <p>Continued From page 1</p> <p>abuse, neglect, and misappropriation of resident property and with the inservices of all staff. Highland Manor Healthcare remained out of compliance at F225, F226, and F490 at the level of no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Quality review completed 5/17/11 by Jennie Bartelt, RN.</p> | | | {F 000} | | | |